

**San Diego County Deferred Compensation Plan  
Investment Transfer In**

**To the Employee:**

- Complete and sign below.
- If you do not have an account with T. Rowe Price, please contact the San Diego County Deferred Compensation Office to obtain an enrollment kit.

**To the Transfer  
Carrier:**

- Make sure you indicate the employee's Social Security number and the T. Rowe Price plan number (250931) on your check.

Employee's Name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Employee's Address: \_\_\_\_\_

Employee's Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Transferring Carrier: ☐ Hartford

I request that you pay T. Rowe Price Trust Company the following amount from my account under the 457 Deferred Compensation Plan of my present employer.

☐ Total Account Balance

☐ Partial Distribution: \$ \_\_\_\_\_  
(Please indicate dollars to be transferred out in the amount column.)

<u>Hartford Investment Option</u>	<u>Amount</u>	<u>Hartford Investment Option</u>	<u>Amount</u>
Putnam International New Opportunities	% or \$ _____	Hartford Dividend & Growth	% or \$ _____
Hartford International Opportunities	% or \$ _____	American Century Income & Growth	% or \$ _____
Janus Worldwide	% or \$ _____	Scudder Growth & Income	% or \$ _____
American Century: 20th Century Ultra	% or \$ _____	American Century Value	% or \$ _____
Putnam Vista	% or \$ _____	Hartford Advisors	% or \$ _____
Janus Twenty	% or \$ _____	Calvert Responsibly Invested Balanced	% or \$ _____
Hartford Capital Appreciation	% or \$ _____	Fidelity Advisor Balanced	% or \$ _____
Skyline Special Equities II	% or \$ _____	Putnam High Yield Advantage	% or \$ _____
Hartford Stock	% or \$ _____	Hartford Bond	% or \$ _____
Fidelity Advisor Growth Opportunities	% or \$ _____	Hartford Mortgage Securities	% or \$ _____
Fidelity Advisor Growth & Income	% or \$ _____	Hartford HVA Money Market	% or \$ _____
Hartford Index	% or \$ _____	General (Declared Interest Rate)	% or \$ _____

I understand that, immediately upon receipt, the amount transferred to T. Rowe Price will be credited to my account under the 457 Deferred Compensation Plan of my present employer. This amount will be allocated according to my current investment allocation.

Please send the check to T. Rowe Price for the benefit of (participant's name), Special Attn: Tara Bane, P.O. Box 17215, Baltimore, Maryland 21297-1215.

**Signature**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
San Diego County Representative

\_\_\_\_\_  
Date

**Mail completed form to:**

San Diego County Deferred Compensation Office  
1600 Pacific Highway, Room 112  
San Diego, California 92101-2422

Distribution:    White - T. Rowe Price        Yellow - San Diego County        Pink - Participant

